COLD STORAGE OR REFRIGERATION FACILITY LICENSE APPLICATION

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED

See Page 2 for Instructions.

☐ NEW APPLICANT ☐ RENEWAL APPLICANT ☐ RELOCATION ☐ OWNERSHIP CHANGE ☐ OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)		
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number ( )	11. Facility FAX Number ( )	
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ( )	13. E-mail Address	
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number ( )	16. Correspondent FAX Number ( )	
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)	18. FDA CFN or FEI Number	
7. Mailing Address (continued)			19. Website (URL)		
8. City	State	ZIP Code	20. Interstate Commerce ☐ Product Shipped ☐ Product or Raw Materials Received ☐ N/A		

21. Type of Ownership
☐ Individual/Sole Proprietorship ☐ Partnership ☐ Corporation/Limited Liability Company ☐ Nonprofit ☐ Other_____

22. Corporate Name (if applicable)	State of Incorporation
23. Owners' or Officers' Names and Titles	Owners' or Officers' Names and Titles

24. Other valid licenses or registrations issued by the Department ☐ Yes ☐ No

License/Registration Name	License/Registration Number	Expiration Date

LICENSE FEE: $225.20

MAKE CHECKS PAYABLE TO: DEPARTMENT OF HEALTH SERVICES
See Page 2 for Mailing Address.

By signature, I declare under penalty of perjury that all information provided herein is true and correct.

25. Signature	Date
Print Name:	Title

PLEASE DO NOT WRITE BELOW THIS LINE

License Number	Expiration Date	Date Received	Payment Type	Amount
				$

Cold Storage or Refrigeration Facility License Application Instructions

Please Type or Print your Application.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Cold Storage or Refrigeration Facility License at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Cold Storage or Refrigeration Facility License for this location and you are renewing that license. If this firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.

3.–5. **Facility Address:** Enter the street, city, state, and ZIP code for this facility location.

6.–8. **Mailing Address:** Enter full mailing address if different from the facility address.

9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter facility FAX number.
12. **24-Hour Emergency Telephone Number:** Enter telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **FDA CFN or FEI:** Enter your U.S. Food and Drug Administration Central File Number or Federal Establishment ID if known.
19. **Website:** Enter the website address for your business if applicable.
20. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
21. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
22. **Corporate Name:** Enter corporate name if applicable. Enter the State of Incorporation if applicable.
23. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
24. **Other Valid Licenses or Registrations:** Enter the license or registration name, license or registration number, and expiration date for each Department of Health Services license or registration that your firm has been issued.
25. **Sign the application, enter date signed, and print your name and title.**

MAKE CHECKS PAYABLE TO: **DEPARTMENT OF HEALTH SERVICES**

MAIL APPLICATION AND CHECK TO:
California Department of Health Services
Accounting Section/Cashiers
1501 Capitol Avenue, MS 1101
P.O. Box 997415
Sacramento, CA 95899-7415

Call the Food and Drug Branch at (916) 650-6500 if you have additional questions about this application.